Samuel B. Laferty, 31,537

COMBINED DECLARATION AND POWER OF ATTORNEY

(ORIGINAL, SUPPLEMENTAL, DIVISIONAL, CONTINUATION OR CIP)

As a below named inventor, I hereby declare that:

TYPE OF DECLARATION				
This declaration is of the following type: (check one applicable item below)				
⊠ original	□ design	□supplemental		
☐ divisional	□ continuation	□ continuation-in-part (CIP)		
INVENTORSHIP IDENTIFICATION				
My residence, post office address and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:				
Title Of Invention: On-Line Fluid Monitoring That Compensates for a Fluid's Temperature Dependance				
SPECIFICATION IDENTIFICATION				
the specification of which: (complete (a), or (b)				
number and title.		erein by name of inventor(s), attorney docket s Serial No or Express Mail (if applicable).		
ACKNOWLEDGMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR				
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.				
I acknowledge the duty to disclose information which is material to patentability as defined in 37, CODE OF FEDERAL REGULATIONS, § 1.56.				
POWER OF ATTORNEY				
	the Patent and Traden	/or agent(s) to prosecute this application and nark Office connected therewith. (List name		
Teresan W. Gilbert, 3 Michael F. Esposito,		Jeffrey F. Munson, 45,705 David M. Shold, 31,664		

SEND CORRESPONDENCE TO

THE LUBRIZOL CORPORATION
Patent Administrator - Mail Drop 022B
29400 Lakeland Boulevard
Wickliffe, Ohio 44092-2298

DIRECT TELEPHONE CALLS TO:

(Name and telephone number) Teresan W. Gilbert (440) 347-5072

E-mail: tgi@lubrizol.com

DECLARATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under SECTION 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

SIGNATURE(S)

ruli name of sole of lifst invent	ior <u>David B. Skursna</u>			
David	B.	Skursha		
(GIVEN NAME)	(MIDDLE INITIAL OR NAME)	FAMILY (OR LAST NAME)		
Inventor's signature	Bhla			
Date <u>/0-31-2003</u>	Country of Citizenship_	United States of America		
Residence 9222 Hidden Valley Court, Mentor, Ohio 44060				
Post Office Address Mento	or, Ohio 44060			
				
Full name of second joint inventor, if any Frederick P. Boyle				
Frederick	P.	Boyle		
(GIVEN NAME)	(MIDDLE INITIAL OR NAME)	FAMILY (OR LAST NAME)		
Inventor's signature Turker 5634				
Date 10/31/2003		United States of America		
Residence 8930 Riverwood Way, Kirtland, Ohio 44094				
Post Office Address Kirtland, Ohio 44094				

Full name of third joint invento	r, if any <u>Frank V. Zalar</u>			
Frank	V.	Zalar		
(GIVEN NAME)	(MIDDLE INITIAL OR NAME)	Zalar FAMILY (OR LAST NAME)		
Inventor's signature	Front Dalor			
// / /	_) _ Country of Citizenship _	United States of America		
Residence 13619 Fox Hill	s Drive, Novelty, Ohio 44072	2		
Post Office Address Novelty,	Ohio 44072			
				
Full name of fourth joint invent	or, if any Vadim F. Lvo	vich		
Vadim	F.	Lvovich FAMILY (OR LAST NAME)		
(GIVEN NAME)	(MIDDLE INITIAL OR NAME)	FAMILY (OR LAST NAME)		
Inventor's signature				
Date 03 November 200	Country of Citizenship	United States of America		
Residence 2267 Bellfield Avenue, Cleveland Hts., Ohio 44121				
Post Office Address Cleveland Hts., Ohio 44121				
Full name of fifth joint inventor, if any				
(GIVEN NAME)	(MIDDLE INITIAL OR NAME)	FAMILY (OR LAST NAME)		
Inventor's signature				
Date	Country of Citizenship			
Residence				
Post Office Address				

CHECK PROPER BOXES FOR ANY OF THE FOLLOWING ADDED PAGE(S) WHICH FORM A PART OF THIS DECLARATION

If no further pages form a part of this Declaration then end this Declaration with this page and check the following item